



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West First Street

City: New Albany

County: Floyd

Administrator Name: Donald Lenz

Administrator Email: dlenz2@surgerypartners.com

ASC Web Address: novamedsurgeryofnewalbany.com

Fiscal Year: 2017

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5369	7141
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	4507	
00142	4708	
V2632	4220	
66711	210	
66821	479	
66982	150	
V2785P	39	

65756	42
0191T	52
66761	42

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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